



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIBDATASHEET**CONFIRMATION NO. 3463**

Bib Data Sheet

SERIAL NUMBER 09/763,958	FILING DATE 02/28/2001 RULE	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. 0670-255
-----------------------------	---------------------------------------	--------------	------------------------	------------------------------------

APPLICANTS

Atsushi Shinoda, Kanagawa, JAPAN;

Kenichi Shiraishi, Kanagawa, JAPAN;

** CONTINUING DATA *****

This application is a 371 of PCT/JP99/04614 08/26/1999 *ph yls*

** FOREIGN APPLICATIONS *****

JAPAN 10-259128 08/31/1998 *ph yls*
Does not exist

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 6	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Examiner's Signature <i>Kenichi Shiraishi</i>	Initials <i>ph yls</i>		
Verified and Acknowledged				

ADDRESS

31780
 ERIC ROBINSON
 PMB 955
 21010 SOUTHBANK ST.
 POTOMAC FALLS , VA
 20165

TITLE

Carrier reproducing circuit

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
RECEIVED		

1130

☐ Other _____

☐ Credit

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 763958 RECEIPT DATE: 02 / 28 / 01
IA NUMBER: PCT/ JP99 / 04614 IA FILING DATE: 08 / 26 / 99
FAMILY NAME: SHINODA DELAY WAIVED (Y/N): Y
GIVEN NAME: ATSUSHI DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 08 / 31 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 0670-255 COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 000000 TELEPHONE 0000000000
FAX

NAME: NIXON PEABODY

STREET: 8180 GREENSBORO DRIVE
SUITE 800

CITY: MCLEAN

STATE/COUNTRY: VA ZIP: 22102

EMAIL:

APPLICATION TITLES:

CARRIER REPRODUCING CIRCUIT

TAB TO LAST POSITION,PUSH SEND